HYPERTENSION (HIGH BLOOD PRESSURE)

WHAT IS HYPERTENSION?

Hypertension is a medical term for "high blood pressure." It is the force in the arteries when the heart beats (systolic pressure) and when the heart is at rest (diastolic pressure). High blood pressure is defined in an adult as a blood pressure greater than or equal to 140 systolic and 90 diastolic (140/90). Blood pressure readings between 120/80 and 139/89 may mean that you are likely to develop high blood pressure in the future.



WHAT CAUSES HYPERTENSION?

There is no known cause for 90% of persons with hypertension. When this is the case, it is called primary hypertension. About 10% of persons with hypertension get it from another medical disorder or as a side effect of some medicines. This is called secondary hypertension. As blood travels through your body, it presses against the walls of the blood vessels. If your blood vessels become narrowed, your heart has to pump harder to maintain circulation, thus exerting more (higher) pressure against the vessel walls. If it continues, this high blood pressure directly increases the risk of coronary heart disease (which leads to heart attack) and stroke, especially if other risk factors are present.

WHAT ARE THE SYMPTOMS OF HYPERTENSION?

Hypertension is called the "silent killer" because it rarely causes symptoms.

When blood pressure is very, very high, these symptoms may occur:

- Headache
- Nosebleeds
- Palpitations
- Dizziness
- Numbness or tingling in the hands or feet
- Confusion
- Blurred vision
- Vomiting

WHAT ARE THE RISK FACTORS FOR HYPERTENSION?

- Age: More than half of older adults have hypertension.
- Gender: Men are more likely to have hypertension than women.
- Race: Black persons are at higher risks for hypertension than people of other ethnic groups.
- Genetics: Risks are higher if there is a family history of hypertension.
- Smoking: Nicotine leads to narrowed blood vessels and increased blood pressure.
- Obesity: Blood pressure rises as you gain weight and drops if you lose weight.
- Diet: a diet high in salt can increase your blood pressure as you age.
- Emotional state: Stress can lead to increased smoking, alcohol consumption, overeating and other activities that increase your blood pressure and your risk for heart attack and stroke.

- Oral contraceptives: A woman taking oral contraceptives is more likely to develop high blood pressure if she is overweight, has a family history of hypertension or has mild kidney disease.
- Medications: Certain medications can raise your blood pressure and /or interfere with the effectiveness of drugs used to treat hypertension.

HOW IS HYPERTENSION DIAGNOSED?

A diagnosis of hypertension is made from:

 Blood pressure readings of over 140/90 on two consecutive visits to your health care provider over several months



HOW IS HYPERTENSION TREATED?

It is important to take steps to keep your blood pressure under control. If left untreated it can lead to stroke, heart, kidney, and eye problems.

Primary Hypertension: Primary hypertension is treated, in part, by correcting risk factors:

- Limit salt and foods high in salt. Use salt substitutes only if your doctor says it's okay.
- Reduce fat and cholesterol. Get good sources of calcium and potassium.
 Don't eat black licorice. It can lower potassium. Limit caffeine.

- Take your medicine as prescribed. Tell your doctor if you have any side effects, such as dizziness, faintness, or a dry cough in the absence of a cold. Don't stop taking your prescribe medicine unless your doctor tells you to.
- Talk to your physician or pharmacist before you take decongestant medicines for "colds" and "allergies." An ingredient in some of these medicines can raise your blood pressure.

Secondary Hypertension: The Health Care Provider will look for a cause of secondary hypertension if:

- You are under 30 or over 55 when hypertension first develops
- Your blood pressure is consistently severe (180/100 or higher)
- The condition developed rapidly (reaching severe levels in about six months from the start)
- Your hypertension does not respond to the usual treatments

Once the root cause of secondary hypertension is found and treated, blood pressure usually goes back to normal.

HOW CAN I PREVENT HYPERTENSION?

Hypertension can be prevented by:

 Having your blood pressure checked regularly. If your blood pressure is in the high normal range (120-139/80-89), have it rechecked once a year or more frequently if it is higher. Your Health Care Provider will recommend a frequency for you.



- Losing weight if you are overweight. Losing weight will reduce the strain on your heart, which oftentimes will cause your blood pressure to become lower.
- Engaging in regular physical activity. Lack of physical activity may not only
 contribute to obesity but it has also been proven to increase your risk for
 heart attack and stroke. Consult your Health Care Provider before
 beginning a new activity program.



- Avoiding excessive alcohol. Limit your alcohol consumption to no more than 1-2 drinks a day. If you are on a weight reduction diet, remember alcohol is high in calories.
- Stopping smoking. Smoking is another key risk factor for heart attack and stroke.
- Managing your stress. Relaxing for short periods during your workday, at night, and on weekends may also help lower your blood pressure.
- Decreasing sodium (salt) intake. Your Health Care Provider may
 recommend a low salt diet if your blood pressure is too high. This means

you'll have to avoid salty foods and cut down on how much salt you use in cooking and at the table. Pay attention to food labels to learn more about the sodium content of prepared foods.



Eating for heart health. A special diet called the DASH Diet (Dietary
Approaches to Stop Hypertension) is recommended as a way to lower your
blood pressure. This diet is low in saturated and total fat and rich in whole
grains, fruits, vegetables, and low-fat diary products. Consult your doctor
before beginning the DASH or any other diet.



DASH Diet Guidelines

- 7-8 servings of grains and grain products per day
- 4-5 servings of vegetables per day
- 4-5 servings of fruits per day
- 2-3 servings of low-fat or nonfat dairy foods per day
- 2 or fewer servings of nuts, seeds, and legumes per week

Limited intake of fats and sweets

The number of servings may increase or decrease depending on your caloric needs, which vary according to gender, size, and level of activity. You can consult your physician or a dentist to determine your own caloric needs.

REFERENCES / LINKS

American Heart Association

http://www.americanheart.org/presenter.jhtml?identifier=2114

Thomson Micromedex: Best Practice of Medicine

http://www.praxis.md/index.asp?page=bhg_report&article_id=BHG01CA19§ion=report

American Institute of Preventive Medicine

http://aipm.wellnesscheckpoint.com/library/banner_main.asp?P=478A5CAS1C0&SNSmode=D&SNS=744

National Heart, Blood and Lung Institute

http://www.nhlbi.nih.gov/hbp/index.html

QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER



ABOUT HIGH BLOOD PRESSURE

- What do my blood pressure numbers mean?
- What should my blood pressure be?
- What are my options to control high blood pressure?
- How often should my blood pressure be checked?
- What about home blood pressure monitors?
- Should I use blood pressure machines at stores?
- How does exercise affect my blood pressure?
- What's my daily sodium (salt) limit?
- Will I need to take blood pressure medicine?

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ABOUT DRUG TREATMENT:

- What kind of medicine should I take?
- Is there sodium in the medicine I take?
- What should I know about the medicine?
- What are the side effects?
- How do I know if it's working?
- How can I remember when to take the medicine?
- What if I forget to take a medicine?
- Should I avoid any foods or other medicines?
- Can I drink alcohol?

There are two key people on your health care team, you and your health care provider. You are just as important as your provider in directing your health care. The first step you should take in becoming an active team member of your health care team is to understand what you are being treated for and why. Continue to ask questions until you understand the answer. By paying attention to your health and maintaining your own records, you will become an active, informed decision maker in your health care.



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